

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF WISCONSIN  
MILWAUKEE DIVISION

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SHANNON LEWANDOWSKI

Plaintiff,

v.

Case No: 16-CV-1089

CITY OF MILWAUKEE

Defendant.

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**AFFIDAVIT OF SHANNON LEWANDOWSKI ACCOMPANYING MOTION  
FOR PERMISSION TO APPEAL IN FORMA PAUPERIS**

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**Affidavit in Support of Motion**

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: Shannon Lewandowski

**Instructions**

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 09-27-19

My issues on appeal are:

Whether my discharge from Defendant's employment was because of sex discrimination and retaliation against me for opposing discrimination in the workplace in violation of Title VII of the Civil Rights Act of 1964, as amended, and/or 42 U.S.C. § 1983.

1. *For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.*

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 5,047.00	\$NA	\$3,680.00	\$NA
Self-employment	\$NA	\$NA	\$NA	\$NA
Income from real property (such as rental income)	\$NA	\$NA	\$NA	\$NA
Interest and dividends	\$NA	\$NA	\$NA	\$NA
Gifts	\$NA	\$NA	\$NA	\$NA
Alimony	\$NA	\$NA	\$NA	\$NA
Child support	\$NA	\$NA	\$NA	\$NA
Retirement (such as social security, pensions, annuities, insurance)	\$NA	\$NA	\$NA	\$NA
Disability (such as social security, insurance payments)	\$NA	\$NA	\$NA	\$NA
Unemployment payments	\$NA	\$NA	\$NA	\$NA
Public-assistance (such as welfare)	\$NA	\$NA	\$NA	\$NA
Other (specify):Back Taxes	unknown	\$NA	\$NA	\$NA
<b>Total monthly income:</b>	<b>\$5,047.00</b>	<b>\$NA</b>	<b>\$3,680.00</b>	<b>\$NA</b>

2. *List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)*

<b>Employer</b>	<b>Address</b>	<b>Dates of employment</b>	<b>Gross monthly pay</b>
Methodist Health System Police Department	1441 N Beckley Ave., Dallas, Texas 75203	May 15, 2018-present	\$4,713.00
NA	NA	NA	\$NA
NA	NA	NA	\$NA

3. *List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)*

<b>Employer</b>	<b>Address</b>	<b>Dates of employment</b>	<b>Gross monthly pay</b>
NA	NA	NA	\$NA
NA	NA	NA	\$NA
NA	NA	NA	\$A

4. *How much cash do you and your spouse have? \$\_\_\_0.00\_\_\_\_\_*

*Below, state any money you or your spouse have in bank accounts or in any other financial institution.*

<b>Financial Institution</b>	<b>Type of Account</b>	<b>Amount you have</b>	<b>Amount your spouse has</b>
TCF	Checking	\$-67.43	\$0.00
TCF	Savings	\$0.00	\$0.00
Chase	Checking	\$4.37	\$0.00

5. *List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.*

<b>Home</b>	<b>Other real estate</b>	<b>Motor vehicle #1</b>
(Value) \$NA	(Value) \$NA	(Value) \$18,000
		Make and year:2015 Toyota
		Model:Camry
		Registration #:Texas KPS2585

<b>Motor vehicle #2</b>	<b>Other assets</b>	<b>Other assets</b>
(Value) \$NA	(Value) \$	(Value) \$
Make and year:	NA	NA
Model:	NA	NA
Registration #:	NA	NA

6. *State every person, business, or organization owing you or your spouse money, and the amount owed.*

<b>Person owing you or your spouse money</b>	<b>Amount owed to you</b>	<b>Amount owed to your spouse</b>
NA	\$NA	\$NA
NA	\$NA	\$NA
NA	\$NA	\$NA
NA	\$NA	\$NA

7. *State the persons who rely on you or your spouse for support.*

<b>Name [or, if under 18, initials only]</b>	<b>Relationship</b>	<b>Age</b>
NA	NA	NA
NA	NA	NA
NA	NA	NA

8. *Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.*

	<b>You</b>	<b>Your Spouse</b>
Rent or home-mortgage payment (include lot rented for mobile home) Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$1,100.00	\$NA
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$445.00	\$NA
Home maintenance (repairs and upkeep)	\$0.00	\$NA
Food	\$300.00	\$NA
Clothing	\$0.00	\$NA
Laundry and dry-cleaning	\$50.00	\$NA
Medical and dental expenses	\$312.00	\$NA
Transportation (not including motor vehicle payments)	\$75.00	\$NA
Recreation, entertainment, newspapers, magazines, etc.	\$0.00	\$NA
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$25.00	\$NA
Life:	\$0.00	\$NA
Health:	\$150.00	\$NA
Motor vehicle:	\$210.00	\$NA
Other:	\$NA	\$NA
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$NA	\$NA
Installment payments		
Motor Vehicle:	\$370.00	\$NA
Credit card (name):	\$1,000.	\$NA
Department store (name):	\$0.00	\$NA
Other:	\$NA	\$NA
Alimony, maintenance, and support paid to others	\$NA	\$NA

Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$NA	\$NA
Other (specify): Student loans	\$380.00	\$NA
<b>Total monthly expenses:</b>	<b>\$4,417.00</b>	<b>\$NA</b>

9. *Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?*

☒ Yes      ☐ No      If yes, describe on an attached sheet.

10. *Have you spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit?* ☒ Yes ☐ No

*If yes, how much?* \$ \_\_\_SEE attached\_\_\_\_\_

11. *Provide any other information that will help explain why you cannot pay the docket fees for your appeal.*

When I was terminated, I was in an automobile accident. I had knee surgery and had to learn to speak without stuttering from a head injury. Healing took some time. From the date of that accident when I was hit by a drunk driver who disregarded a red light, the date was 01/19/2015. The date of termination was 12/16/2016, so from that date to 05/15/2018 I was unable to secure a job until I relocated. I was unemployed for more than three years. I had to sell my home, and relocate for employment and safety concerns. I had exhausted all of my retirement fighting this case with the Fire and Police Commission, Circuit Court and so on. I owe my Circuit Court lawyer over \$40,000 and my current lawyer fees are yet to be determined. I live pay check to pay check and owe over \$15,000 in credit cards since I was not eligible for unemployment and need that to live and then move. I acknowledge the risk that I have taken, but it is mandatory and necessary case to fight.

12. *State the city and state of your legal residence.* Dallas, Texas

*Your daytime phone number:* (414) 405-4617

*Your age:* \_\_\_52\_\_\_\_\_ *Your years of schooling:* 18

*Last four digits of your social-security number:* \_\_\_9784\_\_\_\_\_